GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:29
ANSWERED ON:20.11.2002
REPORT OF CIA ON HIV/AIDS
DR. KIRIT SOMAIYA;UTTAMRAO NATHUJI DHIKALE

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government have taken cognizance of the present report of CIA, the US Intelligence Agency, regarding HIV-AIDS in India;

(b) if so, the details thereof;

(c) whether the agency opines that India will be the worst affected country till 2010 from HIV-AIDS;

(d) whether any action plan has been drawn by the Government in this regard; and

(e) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a)to(e): A statement is laid on the table of the Lok Sabha.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 29 FOR 20.11.2002

The recent report of the National Intelligence Council (NIC) states that the number of people with HIV/AIDS will grow significantly by the end of the decade. The increase will be driven by the spread of the disease in five populous countries: Nigeria, Ethiopia, Russia, India and China, where the number of infected people will grow from around 14 to 23 million currently to an estimated 50 to 75 million by 2010. This estimate overrides the projected 30-35 million HIV/AIDS infections by the end of the decade in Central and Southern Africa, the current focal point of the epidemic. The projection made for number of HIV/AIDS infected persons in these five countries by the end of 2010 are:

China	10-15 million
India	20-25 million
Nigeria	10-15 million
Ethiopia	7-10 million
Russia	5-8 million

It is reported that the HIV/AIDS is spreading at different rates in the five countries, with the epidemic being most advanced in Nigeria and Ethiopia. The official adult prevalence rate is almost 6 percent in Nigeria, between 10 and 18 percent in Ethiopia, around 1 to 2 percent in Russia, around 1 percent in India and 0.15 to 0.25 percent in China. Heterosexual transmission of the HIV virus is the primary mode to spread in Nigeria, Ethiopia and India while Intravenous drug use drives the spread of the disease in Russia. Several factors are driving the epidemic in China - the large migrant population, Intravenous drug users and poor hygiene in plasma sales.

The Government of India is implementing Second Phase of the National AIDS Control Programme which has two key objectives:

(1) To reduce the spread of HIV infection in India;

and (2) To strengthen India`s capacity to respond to HIV/AIDS on a long term basis.

The programme has five distinct components with specific strategies under each of them.

(i) Reducing the HIV transmission amongstpoor and marginalized sections of the community at the high risk of infection, by (a) targeted interventions amongst marginalized sections of the society at the highest risk of HIV infection and transmission such as sex workers, transport workers, injecting drug users, men who have sex with men, migrant workers, industrial workers vulnerable to HIV infection, street children, slum population; (b) control of sexually transmitted diseases through syndromic management at the peripheral public health institutions and through outreach services; and (c) condom promotion to prevent the sexual transmission of HIV;

(ii) Reducing the spread of HIV amongst general population, which is perceived to be at a lower risk; by (a) reducing blood based transmission by modernizing the blood transfusion services in the country for greater availability and rational use of blood, by ensuring mandatory screening of HIV, Hepatitis `B` and `C`, malaria and syphilis and by developing technical manpower; (b) Information, Education and Communication campaigns to raise awareness levels; and (c) promotion of voluntary counseling and testing for HIV;

(iii) Strengthen the institutions responsible for implementation of the programme, by - (a) increasing the quantity, quality and timeliness of surveillance systems for HIV, sexually transmitted infections, behaviour patterns and social determinants in all parts of the country so as to enable evidence based planning and response; (b) improving technical and managerial capacities of State AIDS Control Societies for the effective implementation of the programme; (c) training of medical and para-medical personnel in management of HIV/AIDS patients; and (d) supporting high level peer reviewed competitive and rational Research & Development;

(iv) Delivery of community based low cost care for people living with HIV/AIDS, by - (a) providing drugs fortreatment of opportunistic infections including Tuberculosis; (b) antiretroviral post exposure prophylaxis to medical and para-medical workers in the event of an accidental exposure of HIV/AIDS while treating HIV/AIDS patients; (c) providing single dose Nevirapine to HIV positive pregnan mothers and her baby attending antenatal clinics in 6 high prevalence states namely Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland; and (d) encouraging people living with HIV/AIDS to form their networks/self help groups in order to facilitate care and support to people living with HIV/AIDS;

(v) Ensuring multisectoral collaboration with public, private and voluntary sectors for a broad based response to the epidemic. At present, over 700 targeted intervention projects in the country are being run through Non-Government Organisations. Besides, NGOs are being involved in running community care centers and school AIDS education programme.

The various ministries/departments like Defence, Railways, Labour, Steel, Sports & Youth Affairs,Women & Child Development, and Social Justice and Empowermentare implementing HIV/AIDS prevention and control programmein their respective sectors with the financial and technical support from National AIDS Control Organisation.